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PTO/SB/30 (10-01)
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|--|----------------------|--------------------|
| REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Commissioner for Patents Box RCE Washington, DC 20231 | Application Number | 09/616283 |
| | Filing Date | July 14, 2000 |
| | First Named Inventor | Timothy T. Goodnow |
| | Group Art Unit | 1645 |
| | Examiner Name | J. Hines |
| | Attorney Docket No. | VRXB-P01-001 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

| | |
|---|-------------------------------------|
| 1. Submission required under 37 CFR 1.114 | |
| a. <input type="checkbox"/> Previously submitted | |
| i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____ (Any unentered amendment(s) referred to above will be entered). | |
| ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ | |
| iii. <input type="checkbox"/> Other _____ | |
| b. <input checked="" type="checkbox"/> Enclosed | |
| i. <input checked="" type="checkbox"/> Amendment/Reply | 08/14/2003 JADD01 00000073 09616283 |
| ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) | 02 FC:2801 375.00 DA |
| iii. <input type="checkbox"/> Information Disclosure Statement (IDS) | |
| iv. <input type="checkbox"/> Other _____ | |
| 2. Miscellaneous | |
| a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) | |
| b. <input type="checkbox"/> Other _____ | |
| 3. Fees The RCE fee under 37 CFR 1.17 (e) is required by 37 CFR 1.114 when the RCE is filed. | |
| a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 18-1945 | |
| i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e) | |
| ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17) | |
| iii. <input type="checkbox"/> Other _____ | |
| b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed | |
| c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed) | |

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|--|---------------------------|-----------------------------------|-----------------|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | | |
| Name (Print/Type) | Margaret E. Jamroz | Registration No. (Attorney/Agent) | 54,196 |
| Signature | <i>Margaret E. Jamroz</i> | Date | August 11, 2003 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 8/11/03 Signature: *Janine McNamara* (Janine McNamara)



PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032

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| FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small> | | Complete if Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------|------------------------------------|--------------------|---|----------|-----------------|----------|--|--|------|-----|-------------------------------|--|--|--|------|-----|---|--|--|--|------|-----|--|--|--|--|------|-----|--|--|--|--|------|-----|---|--|--------------|--|--|--|------|------|--|--|
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 09/616283 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) | | Filing Date | July 14, 2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 840.00 | | First Named Inventor | Timothy T. Goodnow | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name | J. Hines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Group Art Unit | 1645 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Attorney Docket No. | VRXB-P01-001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Number: 18-1945 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Name: Ropes & Gray LLP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Commissioner is hereby authorized to: (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td></td><td></td><td>1001</td><td>750</td><td>2001 375 Utility filing fee</td><td></td></tr><tr><td></td><td></td><td>1002</td><td>330</td><td>2002 165 Design filing fee</td><td></td></tr><tr><td></td><td></td><td>1003</td><td>520</td><td>2003 260 Plant filing fee</td><td></td></tr><tr><td></td><td></td><td>1004</td><td>750</td><td>2004 375 Reissue filing fee</td><td></td></tr><tr><td></td><td></td><td>1005</td><td>160</td><td>2005 80 Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td>(\$)</td><td>0.00</td></tr></tbody></table> | | Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | 1001 | 750 | 2001 375 Utility filing fee | | | | 1002 | 330 | 2002 165 Design filing fee | | | | 1003 | 520 | 2003 260 Plant filing fee | | | | 1004 | 750 | 2004 375 Reissue filing fee | | | | 1005 | 160 | 2005 80 Provisional filing fee | | SUBTOTAL (1) | | | | (\$) | 0.00 | | |
| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1001 | 750 | 2001 375 Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1002 | 330 | 2002 165 Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1003 | 520 | 2003 260 Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1004 | 750 | 2004 375 Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1005 | 160 | 2005 80 Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | | (\$) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td></td><td></td><td>1202</td><td>18</td><td>2202 9 Claims in excess of 20</td><td></td></tr><tr><td></td><td></td><td>1201</td><td>84</td><td>2201 42 Independent claims in excess of 3</td><td></td></tr><tr><td></td><td></td><td>1203</td><td>280</td><td>2203 140 Multiple dependent claim, if not paid</td><td></td></tr><tr><td></td><td></td><td>1204</td><td>84</td><td>2204 42 ** Reissue independent claims over original patent</td><td></td></tr><tr><td></td><td></td><td>1205</td><td>18</td><td>2205 9 ** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td>(\$)</td><td>0.00</td></tr></tbody></table> | | Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | 1202 | 18 | 2202 9 Claims in excess of 20 | | | | 1201 | 84 | 2201 42 Independent claims in excess of 3 | | | | 1203 | 280 | 2203 140 Multiple dependent claim, if not paid | | | | 1204 | 84 | 2204 42 ** Reissue independent claims over original patent | | | | 1205 | 18 | 2205 9 ** Reissue claims in excess of 20 and over original patent | | SUBTOTAL (2) | | | | (\$) | 0.00 | | |
| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1202 | 18 | 2202 9 Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1201 | 84 | 2201 42 Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1203 | 280 | 2203 140 Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1204 | 84 | 2204 42 ** Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1205 | 18 | 2205 9 ** Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | | (\$) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims: ** = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims: ** = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Reduced by Basic Filing Fee Paid | | SUBTOTAL (3) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 840.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY | | Complete (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Print/Type) | Margaret E. Jamroz | Registration No. (Attorney/Agent) | 54,196 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | <i>Margaret E. Jamroz</i> | Telephone | (617) 951-7785 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Date | August 11, 2003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Dated:

8/11/03

Signature:

Janine McNamara
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